



ASK THE EXPERTS

Family PACT Benefit Changes Workshop

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**SEPTEMBER 22, 2006**  
**Richmond**

**8:30 AM – 11:30 AM**  
**or**  
**1:30 PM – 4:30 PM**

**Register by September 15, 2006**

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SEPTEMBER 26, 2006
Los Angeles

8:30 AM – 11:30 AM
or
1:30 PM – 4:30 PM

Register by September 19, 2006

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**FOR ENROLLED FAMILY PACT PROVIDERS**  
**If you have already attended a Benefit Update session in**  
**July or August but have benefit or billing questions,**  
**this workshop is for you!**

**An “Ask the Expert” panel will be available to answer**  
**Family PACT benefit and billing questions.**

For more information, visit the Office of Family Planning, Family PACT  
website at: [www.familypact.org](http://www.familypact.org), or call (877) FAMPACT (326-7228).



**“ASK THE EXPERTS”  
FAMILY PACT BENEFIT CHANGES WORKSHOP  
Registration Form**

Check (✓) One Workshop Location and Preferred Time

☐ **September 22, 2006**  
**Richmond Laboratory Facility**  
**Auditorium – Building C**  
**850 Marina Bay Parkway**  
**Richmond, CA 94804**

☐ **September 26, 2006**  
**Los Angeles County**  
**Health Services Administration Building**  
**First Floor Lobby**  
**313 North Figueroa Street**  
**Los Angeles, CA 90012**

☐ **8:30 a.m. – 11:30 a.m.**

☐ **8:30 a.m. – 11:30 a.m.**

☐ **1:30 p.m. – 4:30 p.m.**

☐ **1:30 p.m. – 4:30 p.m.**

Registration due on or before Sept. 15, 2006

Registration due on or before Sept. 19, 2006

**Please Complete and FAX to (916) 650-0454**

**THIS WORKSHOP IS FOR ENROLLED FAMILY PACT PROVIDERS ONLY**  
**For more information, call (877) FAMPACT.**

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**PLEASE PRINT CLEARLY**

**Legal Business Name (as listed on file with Medi-Cal):** \_\_\_\_\_

**Medi-Cal Provider Number:** \_\_\_\_\_

**Service Site Information:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Names of Person(s) Attending:**

**Title:** (MD, NP, Office Manger, etc.)

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

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***For Department of Health Services Family PACT staff use only***

Date/Time/Initial \_\_\_\_\_ ☐ FAX back ☐ Email

☐ Confirmed reservation for \_\_\_\_\_ persons.